

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0032089

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 83 STATE FILE NUMBER

VS 300  
Rev. 4/59

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42215

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH  
COUNTY Madison

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Madison  
c. CITY OR TOWN St. Michaels Township Fredericktown (rural) Inside Limits Yes ☐ No ☒  
d. STREET ADDRESS R.F.D. #3 2 Mi. N.E. of Fredericktown Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
IDA BELLE DAVIS September 9, 1964

5. SEX Female 6. COLOR OR RACE White 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ 8. DATE OF BIRTH 9-18-1892 9. AGE (last birthday) 71  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  
Housework Madison County, Mo. U.S.A.

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE  
George Reeves Katherine Smith Joe Davis (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address  
No Mrs. Audrey Womack - Fredericktown, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b) Arteriosclerotic Cardiovascular Disease  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Pinned Hip  
PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-27-64 to 9-9-64 and last saw her alive on 9-9-64  
Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED  
Fredericktown, Missouri 9-9-64

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  
Burial 9-12-1964 Mine LaMotte Cemetery Madison County, Missouri

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
Fredericktown, Mo. 9-10-1964

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. H. Adamson*

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.